



Quality Outlook

THIRD QUARTER 2015/2016 CYCLE

Quality is not an act, it is a habit. —Aristotle

April 2016

S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2016

S	M	T	W	T	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 2016

S	M	T	W	T	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

1st Level CQI
All Level 1 Teams
April 11-22, 2016

HFMoHV 2nd Level CQI
May 17, 2016
866-630-9348
9:30 am—11:00 am

MIECHV 2nd Level CQI
May 18, 2016
866-630-9348
1:30 pm—3:00 pm

3rd Level CQI
June 13, 2016
1:30 pm—3:30 pm
DHSS—Wild Pine A
866-630-9348

Moving CQI to the next level—Plan-Do-Study-Act

The State Home Visiting Team has been using Continuous Quality Improvement (CQI) tools to improve the program. During the 3rd quarter, Local Implementing Agencies (LIAs) will be introduced to the Plan-Do-Study-Act (PDSA) approach for CQI.

MIECHV LIAs will choose a CQI topic (Plan) using quarterly site-level benchmark and construct data, along with agency data. Remember, this is a small test of change, so the “Do” should be short term and measurable. Below is an example of the Plan-Do-Study-Act cycle.

HFMoHV LIAs will look at data integrity as their CQI topic, making sure all fields marked as “must provide value” in REDCap are completed. In certain situations, REDCap does allow users to save data without completing all required fields; however, by not completing all fields, users are compromising the integrity of the data. The missing data will eventually be brought to your attention through monthly quality reports.

PDSA Cycle

Aim Statement: A written and measurable description of what you are trying to accomplish.

Example: Decrease the number of missed home visits over one month.

Plan: What is your objective? How will you collect your data to measure success?

Example: One home visitor will begin calling clients five days prior to the home visit. The home visitor will track the date and time that the client was given a reminder call and will document if the client was available for the home visit for one month.

Do: Implement your plan and collect your data.

Example: One home visitor begins making and tracking reminder calls made to clients. The home visitor also begins tracking if the clients were available for the home visits.

Study: Analyze the data. Did your plan work? Are revisions needed?

Example: There was not a significant decrease in the number of missed home visits.

Act: Re-evaluate plan (back to the drawing board!) and conduct cycle again.

Example: One home visitor begins calling the clients two days prior to the home visit, tracking date and time of reminder call and whether the client was available for the visit for one month.

Future CQI: Use of incentives to decrease the number of missed home visits even further.

♦ LIAs may use the CQI Storyboard (Attached) to assist in developing a CQI plan.

♦ A more in-depth view of the PDSA process can be found at:
www.hrsa.gov/quality/toolbox/methodology/testingforimprovement/part2.html.

Action Alert:

MIECHV LIAs—submit PDSA plans to Program Manager by April 29, 2016. Technical assistance available by contacting Holly Otto at Holly.Otto@health.mo.gov.

HFMoHV LIAs—use your most recent monthly quality report to identify missing data and submit your PDSA plan by April 29, 2016 to Holly Otto at Holly.Otto@health.mo.gov.

April

National Child Abuse Prevention Month

April is Child Abuse and Neglect Prevention Month. Friday April 8 is **Go Blue Day** and the Children's Trust Fund, Missouri Kids First, and prevention organizations across the state encourage you to wear something **blue** to show your support for Missouri's kids. Additionally, the Pinwheels for Prevention rally against child abuse will be held at the capital on April 14th at noon. For additional information go to <http://missourikidsfirst.org> or www.ctf4kids.org.

Alcohol Awareness Month

April is filled with local, state, and national events aimed at educating people about the treatment and prevention of alcoholism. The local National Council on Alcoholism and Drug Dependence, Inc. ([NCADD](http://www.ncadd.org)) Affiliates as well as schools, colleges, churches, and countless other community organizations will sponsor a host of activities that create awareness and encourage individuals and families to get help for alcohol-related problems.

National Minority Health Month

The theme for 2016 is "Accelerating Health Equity for the Nation." The [Office of Minority Health](http://www.hhs.gov/office-of-minority-health) invites all communities across the nation to join together to raise awareness of the health disparities that continue to affect racial and ethnic minorities and how everyone can work together to accelerate health equity.

May

Better Hearing Month

The first two years of a child's life are the most critical for learning speech and language. Infants who do not pass the newborn hearing screening should undergo audiologic evaluation before three months of age. When hearing loss is detected late, language development is already delayed. Ask your clients if their infant passed the newborn hearing screening. Parents may contact their child's birth hospital or pediatrician for screening results and to learn where the baby can be rescreened or evaluated. You can assist the parent in finding a nearby audiologist by consulting the Audiological Service for Missouri Newborns guide at <http://health.mo.gov/living/families/genetics/newbornhearing/pdf/ResourceGuideWhole.pdf>. Contact Catherine Harbison at 573-751-6266 with questions or comments.

Children's Mental Health Awareness Week (May 1-7)

According to the National Federation of Families for Children's Mental Health, the theme for the 2016 National Children's Mental Health Awareness Week is "Healthy Families, Resilient Children: Mental Health is a Family Affair!" For more information, visit www.ffcmh.org/awarenessweek. The Substance Abuse and Mental Health Services Administration (SAMHSA) has declared Thursday, May 5th as National Children's Mental Health Awareness Day. For more information, visit www.samhsa.gov/children.

Preeclampsia Awareness Month

Preeclampsia Awareness Month presents the perfect opportunity for the [Preeclampsia Foundation](http://www.preeclampsiafoundation.org) to offer education and events that will increase awareness of this life-threatening disorder of pregnancy, which occurs in up to eight percent of all pregnancies. Throughout May, the Preeclampsia Foundation is hosting the Promise Walk for Preeclampsia in various locations. Visit www.promisewalk.org for specific locations. You may also order tear sheet pads relating to the early signs of preeclampsia from the DHSS Warehouse at <http://dhssnet/Warehouse/i-literature.html>, catalog number 564.

National Alcohol and Other Drug-Related Birth Defects Awareness Week (May 8-14)

Approximately one in every 100 children born nation-wide is adversely affected by prenatal alcohol and drug exposure, including children with full fetal alcohol syndrome, as well as children who may not have all of the external features of the syndrome, but whose brains have been injured. Starting each year on Mother's Day, Alcohol & Other Drug Related Birth Defects Awareness Week is a reminder that alcohol and drug use during pregnancy can be detrimental to a mother and her child. For more information visit www.ncadd.org/.

June

World Sickle Cell Day—June 19

This annual day of observance began in 2008 when the United Nations adopted a resolution recognizing sickle cell disease (SCD) as a public health problem. SCD is a group of inherited red blood cell disorders characterized by anemia, severe pain, infection, and potentially life threatening complications such as splenic sequestration, acute chest syndrome, stroke and chronic organ damage. SCD affects more people in the world than any other genetic disease. World Sickle Cell Day is dedicated to increasing understanding of SCD, providing education on what can be done to improve the health of persons with SCD, and promoting awareness at the local, national and international level about the global impact of the disease. To learn more about SCD visit www.health.mo.gov/living/families/genetics/sicklecell/index.php.

Resources

What is Sickle Cell Trait?

Sickle cell trait (SCT) means that you carry a gene for a serious condition called sickle cell disease (SCD). SCT occurs when a person inherits a normal hemoglobin gene (called A) from one parent and a sickle hemoglobin gene (called S) from the other parent. SCT is not considered a disease and generally does not cause health problems. Sickle cell trait is most common among Blacks or African Americans (about 1 in 12 in Missouri), but it is also found in people of Mediterranean, Latin American, and Middle Eastern descent.

There are more than 2 million people in the United States affected by SCT and many are not aware of their status. People with SCT usually only know about their trait if they are tested for it. The importance of knowing whether you have SCT is for planning future children. If both parents have SCT, there is a 25% (or 1 in 4) chance that their child will have SCD. Sickle cell disease occurs when a child inherits two sickle genes (one from each parent). SCD causes red blood cells to become rigid and curve into a crescent or sickle like shape. These sickle shaped cells lodge in blood vessels causing blockages that can result in serious medical complications, including anemia, infections, severe recurrent pain, stroke, tissue damage and organ failure. If parents are unaware of their trait status, they should have their blood tested and receive genetic counseling concerning SCT and SCD. For additional information, contact the Bureau of Genetics and Healthy Childhood at 800-877-6246 or visit <http://health.mo.gov/living/families/genetics/sicklecell/index.php>.

Second- and Third-hand Smoke

<https://www.thoracic.org/patients/patient-resources/resources/second-hand-smoke.pdf>



According to the American Thoracic Society (ATS), secondhand smoke is the smoke that comes from the burning end of a cigarette, cigar or pipe. It is also the smoke that smokers breathe out (exhale). Studies show that a person breathing second-hand smoke is exposed to the same tar, nicotine, cyanide, formaldehyde, arsenic, ammonia, methane, carbon monoxide and other cancer-causing chemicals, as the person smoking the cigarette. The smoke from the burning end of a cigarette has more toxins than the smoke inhaled by the smoker.

Third-hand smoke is the invisible tobacco “dust” (or chemical) that settles in the environment and stays there even after a cigarette has been put out. Children of smokers are especially at risk of third-hand smoke exposure and contamination because tobacco residue is noticeably present in dust throughout places where smoking has occurred. The homes, hair, clothes, and cars of smokers can have significant levels of third-hand smoke contamination. Young children are particularly vulnerable, because they can ingest tobacco residue by putting their hands in their mouths after touching contaminated surfaces.

(<http://www.no-smoke.org/learnmore.php?id=671>)

MoHear Project

Good hearing from birth and throughout childhood is critical to normal speech and language development. Please verify that infants have had and passed a hearing screening during their hospital birth admission. The MoHear Project is able to provide support for families that have infants who did not pass a hearing screening. For information about the MoHear in your area please contact Kris Grbac at 417 836 6677 or at krisgrbac@missouristate.edu.

Reminders

For Level One MIECHV Teams, remember to submit your detailed activity log to Nicki Kraust-Schmitt at nkraust@sehealth.org, Barb Gleason at bgleason@sehealth.org, and Holly Otto at Holly.Otto@health.mo.gov by May 6, 2016.

For Level One HFMoHV Teams, remember to submit your detailed activity log to Amy McGee at Amy.McGee@cornerstonesofcare.org, Gary Johnson at Gary.Johnson@GreatCircle.org, and Holly Otto at Holly.Otto@health.mo.gov by May 6, 2016.

For the Level Two Teams, please submit your detailed activity log to Holly Otto at Holly.Otto@health.mo.gov by June 3, 2016.

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Successes and Celebrations!

- ◆ **Randolph County Health Department:** Healthy Families of Randolph County hosted its first group meeting in February. Five of eleven (45%) families attended the lunch and learn event on "Reading to Babies". Families enjoyed a simple lunch and an activity on the importance of reading to infants. Each family received a small collection of board books for the youngest readers. For the next group meeting, the program will be joining with the WIC "latch and learn" group for information on infant feeding.
- ◆ **Economic Security Corporation of Southwest Area:** As a Home Visitor, I love getting families that have been in the Head Start program for a few years. It shows me that they love the program, value the work we do and are willing to put the effort in to get to self sufficiency. I received a family from an employee who moved out of state. When I met this family they were in the middle of crisis. Within a month's time, they had their van repossessed, all four car seats taken, their bank account seized, the Sheriff's Department gave them an eviction notice, and their electricity was turned off. The three of us worked tirelessly to receive aid in getting this family back on their feet. Mom and Dad both cried tears of sadness, dodged bullets, and cried tears of joy at every small threshold. It took them four months to get every one of those things turned around with the help of community action agencies, churches, outreach programs, babysitting money, and selling belongings. I am proud to say that this Mom is thriving in a direct market sales job that allows her to stay home when needed and have jewelry parties to make money when needed. Dad got a promotion at work that allows him to be home in the evenings and weekends. This family worked at it and achieved every one of their goals.
- ◆ **South Central Missouri Community Action Agency:**
 - ◇ When a family that has been on a caseload for two years first enrolled with our program, the mother was pregnant. The parents were very young and indecisive. Neither one of the parents worked at the time and had a hard struggle trying to meet their everyday needs. About six-months ago the father got into some legal trouble that he couldn't avoid. Since the father has been absent from the family's life, the mother has become more independent and is now employed full time with a local nursing home. Last week she received her GED. This was a very emotional time for her. When the home visitor goes to the home for visits, the mother seems so much happier and confident than ever before.
 - ◇ An enrolled mother has been living with other people for the last two years, bouncing around from home to home, giving her daughter an unstable home life. She has finally gotten a place that she can now call home.
 - ◇ An enrolled single mother has obtained a full-time job and found a permanent place to live. She had been moving from place to place and is now stationary in her housing situation. She is working between 32 and 45 hours a week. She has become more confident in her ability to be a single parent.
 - ◇ At this time last year, an enrolled mother was evicted from her home because she could not afford to pay the rent. After securing a full-time job, the home visitor sat down with her and set up a budget. She is now paying her bills faithfully, has her own home, recently became engaged and is happy! She was even able to budget in some extra money to pay the landlord that evicted her because she said that she knows he was entitled to the money and she didn't want him to think that she was a bad person or someone who just takes advantage of people.
 - ◇ What a great family and wonderful stay-at-home mom! Dad worked as a diesel mechanic in a local shop and received an offer from a large dealership in another state to come work for them. The company is paying for his Masters in diesel mechanics, as well as paying over \$40,000 salary until he receives his diploma at which time he will receive a raise. The family will also all have great medical insurance. Dad left a few months ago and started working, trying to save up to purchase a place to live. The mother and children stayed behind until things were ready for them to move. They made their final move last month and are happy.

It's April....let's remember to change our REDCap password!

Change your REDCap password at <https://webapps.missouri.edu/revamp/wizards/passwordManager/passwordManager.jsp>

For Technical Assistance with password reset, please call the University of Missouri hospital help desk at 573-884-4357.

For other non-password related concerns, please contact Technical Assistance via one or both of the following contacts: muredcap@health.missouri.edu or 855-733-7921.